

CITY OF SHEPHERDSVILLE TAX ADMINISTRATOR

Reconciliation of License Fee Withheld

During Year Ending: _____

CSPT Form 1-R

	TOTAL PAYROLL	SUBJECT PAYROLL	RATE	LICENSE FEE DUE
1. 1 st Quarter ended March 31 st	\$ _____	\$ _____	x 2% =	\$ _____.
2. 2 nd Quarter ended June 30 th	\$ _____	\$ _____	x 2% =	\$ _____.
3. 3 rd Quarter ended September 30 th	\$ _____	\$ _____	x 2% =	\$ _____.
4. 4 th Quarter ended December 31 st	\$ _____	\$ _____	x 2% =	\$ _____.
5. TOTAL ALL QUARTERS	\$ _____	\$ _____	x 2% =	\$ _____.
6. Actual withholding payments made quarterly on form CSPT-1				\$ _____.
7. Difference between lines 5 and 6.				\$ _____.

<p>Business Name and Address:</p> <p>_____</p> <p>DBA Name: _____</p> <p>_____</p> <p>Account Number: _____ - _____</p> <p>Indicate any name or address changes above.</p>	<p>For Period Ending</p> <table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">Year</td> <td style="width: 50px; height: 20px;"></td> </tr> </table> <p>RETURN DUE ON OR BEFORE January 31, 2017</p> <p>Federal ID Number</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 100px; height: 20px;"></td> </tr> </table>	Year			<p>Make your check or money order payable to:</p> <p>City of Shepherdsville</p> <p>Mail to: City of Shepherdsville Attn: Tax Administrator P.O. Box 400 Shepherdsville, KY 40165</p> <p>Phone: 502-543-2923 Fax: 502-543-6201</p>
Year					

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDING
 Enter under TOTAL PAYROLL the quarterly totals of all compensation paid to all employees.
 Deduct any payments for services performed outside the City of Shepherdsville and enter balance
 in SUBJECT PAYROLL Column. SUBJECT PAYROLL includes all compensation, i.e. Vacation and Holiday pay.